FOR	ABI USE ONLY

CRIMINAL HISTORY INFORMATION RELEASE FORM

ABI-46 (Revised 04-15-03)

Type or prin	t legibly	SE	CTION 1.		*) Required In	formation	
	-			,	, 1		
Last Name*	First	Name*			Middle Name	*	
All other names used*							
Address	dress		City		State	Zip Code	
MM* DD* YYYY* [Date of Birth]	Social Security Numb	per*	Race*	Sex*	Telephone*		
the release of the crimin I certify that I have read							
signed my name on this		inderstand the day of			same and in wit	ness thereof I ha	ave voluntarily
signed my name on this	the					ness thereof I ha	ave voluntarily
Name of Witness (1)	the	day ofature of Appli		20		ness thereof I ha	ave voluntarily
Name of Witness (1)	the	ature of Appli	cant*	20		ness thereof I ha	ave voluntarily
Name of Witness (1) Address of Witness	the	ature of Appli	cant* ne of Witn	20		ness thereof I ha	ave voluntarily
Name of Witness (1) Address of Witness	Zip Code	ature of Appli	cant* me of Witn dress of Wi	ess (2)		ness thereof I ha	ave voluntarily
Name of Witness (1) Address of Witness City State	Zip Code d before me on this	ature of Appli Nar Ado City day of_	cant* me of Witn dress of Wi	ess (2)	Zip Code		ave voluntarily
Name of Witness (1) Address of Witness City State Sworn to and subscribed	Zip Code d before me on this	ature of Appliance Narrance Add City day of My of FOR AR	cant* me of Witn dress of Wi	ess (2) itness State ONLY]	Zip Code , 20		ave voluntarily
Name of Witness (1) Address of Witness City State Sworn to and subscribed Signature of Notary Pub I am possessed of sound	Zip Code d before me on this	day of	cant* ne of Witn dress of Wi Commission EC USE O CTION 2.	ess (2) itness State ONLY]	Zip Code , 20		

INSTRUCTIONS FOR COMPLETING THE CRIMINAL HISTORY INFORMATION RELEASE FORM

Use the ABI-46 form to request all criminal background checks on individuals.

Detach these instructions before submitting this form with your application.

SECTION 1.

Last Name, First Name, Middle Name, and any other names used, meaning maiden name, surname, or alias name, Address, City, State, Zip Code on which the criminal history check is to be conducted.

Date of Birth (MM/DD/YYYY), Social Security Number, Race, Sex on which the criminal history check is to be conducted, Telephone (including Area Code).

Use these codes for race:

(A) – Asian, includes Pacific Islander, Chinese, Japanese, Polynesian, Korean and Vietnamese.

(B) – Black, includes Negro, Colored and Afro-American.

(H) – Hispanic, includes Mexican, Latin, Puerto Rican, Cuban, Central/South

American and other Spanish Culture or origin.

(I) – American Indian, includes Alaskan native and Eskimo.

(O) Other, includes numeric abbreviated phrases (i.e., 1, 2, 3 etc.), "C","Unk" and all other phrases not listed.

(W)- White, includes Caucasian.

SECTION 1.A.

Affidavit must be signed by applicant in order for criminal history check to be processed.

The *signature* must be notarized <u>or</u> witnessed by two individuals.

SECTION 2.

Name, complete mailing address, signature & social security number of the person who will <u>receive</u> the processed criminal history information and be responsible for its security.

(*) Required Information



1201 Carmichael Way / Montgomery, Alabama 36106 Phone: 334.242.5544 / Fax: 334.270.9118 arec.alabama.gov / arec@arec.alabama.gov

APPLICATION FOR DETERMINATION OF LICENSING ELIGIBILITY

	STRUCTIONS r applicants who request approval of eligibility to obtain ar	n Alabama real es	state license	e, complete this form in full.			
	E: Attach a \$25 cashier's check, certified check, or money of y y y y	order (personal c l	hecks not a	•	°) They will forward the	' h informatior	o · · · · · · · · · · · · · · · · · · ·
	al Estate Commission.						
Со	mplete this form online and print it for submission OR pr	int the form and	complete i	t in blue or black ink.			
1.	Full Name				Home Phone		
2.	Residence Address (Physical location)						
	City State	Zip					
3.	Mailing Address		City	!	State	Zip	
4.	Presently Employed By				Phone		
5.	Date of Birth (Month/Day/Year) Each applicant must be at least 19 years of age.	Race		Sex	_		
6.	A. Have you ever made application for a real estate licer	nse to this or any	other Real	Estate Commission prior to t	his application? Yes	s 🗖 No	
	Was license granted? ☐ Yes ☐ No If no, give reason	1					<u>.</u>
	B. Has a real estate license held by you ever been revoke	•		•	•	neet of pape	r.
7.	Since your 16 th birthday, have you ever been: (other than	arrest or convic	tion as a ju	venile or youthful offender o	r any divorce action)		
	(a) Arrested?	Yes □	No □	(e) Fined?		Yes 🗖	No □
	(b) Indicted?(c) Summoned into court as a defendant in a criminal	Yes □ Yes □	No □ No □	(f) Imprisoned?(g) Placed on Probation?		Yes □ Yes □	No □ No □
	proceeding (d) Convicted of a Criminal Offense?	Yes 🗖	No □	(h) Ordered to deposit ba	il or collateral for	Yes 🗖	No □
	(a) convicted of a criminal offense.	103	No B	violation of any law, polici ordinance (excluding mind for which a fine or forfeith was imposed?	163 🗷	No B	
	If yes to any of above, give	complete explan	ation on ar	additional sheet and attacl	n to application.		
I, to he ho an an sporab no exc	he undersigned, am licensed by or registered with and/or reinafter called AREC, which said entity is charged by law was nesty and truthfulness, and have not been convicted of a find knowingly expressly waive and relinquish any and all right d/or the confidentiality of any governmental records, files, ecifically intended to protect the Alabama Department of I out me to the AREC. I hereby expressly authorize ADPS to the restricted to records which indicate a final conviction ecutors, and administrators, that no suit, claim, or legal act than y files, records, or date pertaining to me.	with ascertaining felony or any crimints, created by or, or information public Safety, her release and proviof a criminal char	that person ninal offens growing fro pertaining to einafter cal ide to AREC rge. Finally,	e engaged in the real estate be e involving moral turpitude. om any state of federal law rome, to which, except for the led ADPS, and any other gover any and all information, recain further consideration of the	ousiness are trustwort The premises conside elated to or dealing w is waiver, I would be e ernmental entity whic ords, or files pertainin he premises, I agree fo	hy, bear a re red, I do her rith the right entitled. This ch may provi g to me and or myself, m	eputation of eby voluntarily to privacy s waiver is de information the same shall y heirs,
Le	gal Signature of Applicant			Dated			
Ар	plicant's Social Security Number		_				

NOTICE!!! Upon passing the licensing examination, it will be necessary for another criminal records search to be conducted. You must submit the fee for that

search with the license application in accordance with the instructions on that form.